

Print and Fill Out This Form

## REQUEST FOR DEATH CERTIFICATE

FULL NAME ON DEATH RECORD \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_

RELATIONSHIP TO PERSON ON DEATH  
RECORD (SPOUSE, CHILD, ETC) \_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

**NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE  
OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION (MCA 50-15-114)**

MONTANA LAW ALLOWS A CERTIFIED COPY OF A DEATH CERTIFICATE TO BE ISSUED TO THE  
REGISTRANT'S SPOUSE, CHILDREN, PARENTS OR GUARDIAN OR AN AUTHORIZED REPRESENTATIVE.

I HEREBY SWEAR/AFFIRM THAT I AM ONE OF THE INDIVIDUALS LISTED UNDER MONTANA LAW TO  
RECEIVE A CERTIFIED COPY OF THIS DEATH CERTIFICATE. IF I HAVE GIVEN FALSE INFORMATION, I  
MAY BE SUBJECT TO FINES AND PENALTIES AS PRESCRIBED BY LAW.

SIGNATURE \_\_\_\_\_ NUMBER OF COPIES \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**COPY PHOTO ID REQUIRED**